MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09652

1316

Reg. Diat. No. 252

1. PLACE OF DEATH:

County: Queen Annes

City or town: Centreville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all her life

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Queen Annes

City or town: Centreville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Sadie Barwan

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: colored

6.(a) Single, married, widowed, or divorced: widowed

6.(b) Name of husband or wife: Albert Barwan

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 25 - 1894

8. AGE: Years 54 Months 7 Days 7 If less than one day hrs. min.

9. Birthplace: Centreville Q.A. Co. Maryland (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER 12. Name: William P Phillips

13. Birthplace: Queen Annes Co Maryland

MOTHER 14. Maiden name: Annie Morris

15. Birthplace: Queen Annes Co Maryland

16. Informant: Albert Barwan Jr.

Address: Centreville Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 4-48 (month) (day) (year)

Cemetery or crematory: Chesterfield

Location: Centreville Maryland

18. Funeral director: Baxter Tarr

Address: Centreville Maryland

19. Sept. 4 - 1948 (Date rec'd by registrar) Elsie Armstrong Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 2 1948 at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1948 to Sept 2 1948 and that I last saw h. alive on Sept 1 1948

Immediate cause of death: Chronic Nephritis

	DURATION
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. Henry Fisher M. D. or other

Address: Centreville Md Date signed: Sept 2 1948

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

09653

93d

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:
County: Queen Anne
City or town: near Centreville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Queen Anne
City or town: near Centreville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Annie L. Furbush

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widow
6.(b) Name of husband or wife: Jas. N. Furbush
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): July 4-1871

8. AGE: Years 77 | Months 3 | Days 7 | If less than one day ... hrs. ... min.

9. Birthplace: Queen Anne Co Md
(Town, county, and state)
10. Usual occupation: House work
11. Industry or business

FATHER
12. Name: Robt. Lucas
13. Birthplace: Queen Anne Co Md

MOTHER
14. Maiden name: Dont Know.
15. Birthplace: Dont Know.

16. Informant: Henry Furbush (Son)
Address: Centreville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 13-1948 (month) (day) (year)
Cemetery or crematory: Church Hill
Location: Church Hill Md

18. Funeral director: Edgar L. Lane
Address: Church Hill Md

19. Sept. 13 1948 (Date rec'd by registrar) Edgar L. Lane Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 11- 1948 at 4-30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 11- 1947 to Sept 11- 1948 and that I last saw h... alive on Sept 8- 1948

Immediate cause of death: Chronic Myocarditis — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: W. Henry Fisher M. D. or other
Address: Centreville Md Date signed: 9/13-1948

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

09654

830

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH:

County: Queen Anne

City or town: Rural Queenstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town: Rural Queenstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mary Helen Hall Moore

3. (b) Social Security Number none

4. Sex: F

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: William Henry Moore

6.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Jan 19, 1889

8. AGE: Years: 59 Months: 7 Days: 16 If less than one day: hrs. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER 12. Name: John Hall

13. Birthplace: Baltimore, Md.

MOTHER 14. Maiden name: Mary Onion

15. Birthplace: Baltimore Md.

16. Informant: William H Moore

Address: Queenstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 7-48 (month) (day) (year)

Cemetery or crematory: Chesapeake

Location: Centreville Maryland

18. Funeral director: Baetz Bros

Address: Centreville Maryland

19. 9-6-48 (Date rec'd by registrar) Helen M. Aldridge Loc. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 4 1948, at 4:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-2-48, to 9-4-48

and that I last saw he alive on 9-4-48

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days

Due to: Hypertension — Duration: Unknown

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: William C. Crane, MD M. D. or other

Address: Queenstown, Md. Date signed: 9-4-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

09655

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
County: Queen Anne
City or town: near Centreville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 yr
Hospital, institution, or street address where death occurred: Home
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Queen Anne
City or town: Near Centreville
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Centreville Md.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Alice P. Schwartz

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Robert J.
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Sept 28th 1899
8. AGE: Years 48 Months 11 Days 20 If less than one day hrs. min.
9. Birthplace: England (Town, county, and state)
10. Usual occupation: House Work
11. Industry or business: at Home
FATHER 12. Name: Unknown
13. Birthplace: England
MOTHER 14. Maiden name: Emma Illingworth
15. Birthplace: England
16. Informant: Albert Auckland
Address: 2024 Frederick Ave
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/20/48 (month) (day) (year)
Cemetery or crematory: London Park Cem
Location: 3801 Frederick Ave
18. Funeral director: John J. Cowan & Son
Address: 901-03 Hollins St.
19. 9-18 1948 A. W. Hedrich
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 17 1948 at 1:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to Sept 17 1948 and that I last saw her alive on Sept 17 1948

Immediate cause of death	DURATION
Carcinoma of uterus	
bladder & rectum	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. Henry Fisher M. D. or other
Address: Centreville Md Date signed 9/17-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09656

Reg. Dist. No. 213

1. PLACE OF DEATH:
County: Queen Anne's
City or town: Chester (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne's
City or town: Chester (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME William Thomas

3.(b) Social Security Number

4. Sex: male
5. Color or race: Col.
6.(a) Single, married, widowed, or divorced: M
6.(b) Name of husband or wife: mrs. Lottie Thomas.
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Aug 2 - 1891

8. AGE: Years 57 Months 1 Days 21 If less than one day hrs. mie.

9. Birthplace: Baltimore md.
(Town, county, and state)
10. Usual occupation: Labor.
11. Industry or business

FATHER
12. Name: Wm H. Thomas
13. Birthplace: Maryland

MOTHER
14. Maiden name: Lucille Nixon
15. Birthplace: Maryland

16. Informant: Carrie Thomas
Address: Chester md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 26 - 48 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Chester md.
18. Funeral director: Lewis A. Henry
Address: Centreville md.

19. Oct. 2 19 48 Elizabeth Hooper
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 23 1948 at 2 15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 2 1948 to September 23 1948 and that I last saw him alive on September 22 1948

Immediate cause of death	DURATION
Ischemia dorsalis	about 5 years
Due to: Aortic regurgitation	Several years
Due to: mitral decompensation	several years
Other conditions: nephrosis chronic	

(include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Theodor Sattelmaier M.D. M. D. or other
Address: Stevensville — Date signed: Sept 25 48

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.